

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|---|------------------------------|--|---|---|
| NAME OF FILER No on Proposition 8, Campaign for Marriage Equality, A project of the American Civil Liberties Union of Northern California | | | Date of This Filing <u>09/02/2008</u> | Date Stamp Page 1 of 2 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER () - | I.D. NUMBER (if applicable) 1308178 | Report No. <u>756</u> | | | |
| STREET ADDRESS | | | | | |
| CITY San Francisco | STATE CA | ZIP CODE 94111 | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| | | | No. of Pages <u>2</u> | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 09/02/2008 | Anne Madden Berkeley, CA 94709 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Senior Manager Kaiser Permanente | \$1,000.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND - Individual | PTY - Political Party |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other | |

Reason for Amendment:

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| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | Page 2 of 2 | |
| CITY San Francisco | STATE CA | ZIP CODE 94111 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
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Reason for Amendment: